

# ANNUAL STATUS REPORT



The Kentucky Commission on Services and Supports for  
Individuals with Intellectual and Other Developmental  
Disabilities

Submitted in Accordance with KRS 210.577 to:

Governor Andy Beshear  
and the General Assembly  
December 2021

# **KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES**

**Fiscal Year 2021**

## **INTRODUCTION**

In accordance with KRS 210.577(3), the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities respectfully submits the following report for the period of July 1, 2020 through June 30, 2021. The Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities was created and established by KRS 210.575 through the enactment of House Bill 144 by the 2000 General Assembly. This commission, hereafter referred to as the HB 144 Commission, serves in an advisory capacity to the Governor and the General Assembly concerning the service system that affects the lives of people with intellectual and other developmental disabilities (I/DD).

## **MEMBERSHIP**

The commission's membership in 2021 included 24 individuals representing an array of stakeholders. Nine of these positions are appointed by the Governor to serve four-year terms and include representation of family members, provider organizations, advocacy groups, and self-advocates. Four members of the General Assembly are appointed and the remaining 11 members are stipulated in KRS 210.575 and include representation from the Secretary of the Cabinet for Health and Family Services (CHFS), departments within CHFS, the University Center for Excellence in Disabilities at the University of Kentucky, and the Commonwealth Council on Developmental Disabilities.

During the 2021 reporting period (July 1, 2020 to June 30, 2021), the following membership changes occurred:

- Six members were appointed/re-appointed to serve 4-year terms representing family members, self-advocates, direct service providers, business leaders, and advocacy organization(s).

The list of commission members and their term expirations as of June 30, 2021, are included in Appendix A of this report.

## **COMMITTEE ORGANIZATION**

The commission organized committees in September 2018 based on identified areas of need. During fiscal year 2019, each committee determined 5-year goals respective to the identified area

of need. Committee membership is inclusive of stakeholders with special interest and/or expertise in the respective committee's goals and objectives.

The committee structure is organized as follows:

- Employment Committee collaborates with the KentuckyWorks Project, the Employment First Council, and other similar initiatives to advance Kentucky as an Employment First state, including a review of transportation needs;
- Community Education/Outreach Committee is responsible for the topical areas of resources and self-advocacy; and
- Health/Wellness Committee is responsible for the topics of psychotropic medication usage, inclusion of individuals with complex medical needs, increased capacity of specialty clinics, and crisis intervention.

## **FY 2021 COMMITTEE REPORTS**

During FY 2021, the committees met and continued work on the 5-year goals and short-term objectives adopted in FY 2019. Each committee has focused efforts on one or more of the identified goals and objectives. Following is each goal, short-term objectives (as applicable), and a summary of each committee's efforts related to the identified goal(s) in FY 2021. Committee recommendations and the cabinet's responses to those recommendations are outlined in the section "FY 2021 Status Updates and Recommendations" of this report, beginning on page 7.

### **EMPLOYMENT COMMITTEE**

The Employment Committee is tasked to collaborate with the KentuckyWorks Project, the Employment First Council, and other similar initiatives to advance Kentucky as an Employment First state. The committee established the following goal and short-term objectives:

**GOAL:        Shape and influence policies on employment to increase social, civic, and economic contributions of people with intellectual and other developmental disabilities.**

**Objective 1:** To facilitate the development of a comprehensive memorandum of understanding to promote the integration of Employment First policies across state government.

**Objective 2:** To directly influence Medicaid's restructuring of employment services and payment methodology in the redesign of 1915c waivers.

**Objective 3:** To engage with the transportation planning process to ensure needs of people with I/DD receive proper consideration.

## **Committee Chair/Co-Chair Report**

The purpose of the Employment Committee is to continue to improve collaboration with an array of employment initiatives to advance Kentucky as an Employment First state. The Employment Committee held three (3) meetings during the fiscal year, and worked together by email to address time sensitive issues.

- August 11, 2020
- October 6, 2020
- January 12, 2021

The committee was active throughout a year in which employment became an even more critical issue for Kentuckians with disabilities and their networks of support. The Committee Chair, Kellie McCain, stepped down as chair on September 14, 2020. Committee Co-Chair, Kathy Sheppard-Jones, assumed the chair role. Committee members were notified at the October 6 meeting. The committee welcomed new members throughout the year.

Committee members engaged in other employment groups dedicated to the objectives. Cross-over engagement includes the Kentucky Employment First Council and subcommittees, KentuckyWorks Partnerships in Employment project and work teams, KentuckyWorks Collaborative, Transportation Initiative, Kentucky Workforce Innovation Board and ongoing collaboration with the Kentucky Chamber of Commerce.

The committee was highly involved in drafting and sharing a Proclamation of Collaboration that was subsequently posted on the Kentucky Employment First website (available at <https://www.employmentfirstky.org/proclamation/>). The Proclamation is intended to be endorsed by employers, Kentucky agencies, and organizations to declare their commitment that aligns with the Kentucky Employment First philosophy. The Proclamation states:

Let it be known that, we, Kentucky agencies and organizations that strive to improve quality of life and increase economic self-sufficiency for Kentuckians with disabilities, commit to work together to attain these goals.

Given the signing of the Executive Order making Kentucky an Employment First state in which it is the policy of the Commonwealth of Kentucky that competitive and integrated employment in the community shall be considered the first and primary option for persons with disabilities of working age who want to become employed, we recognize that there are opportunities in the Commonwealth that have been previously unavailable and that by acting together, we have a greater likelihood of advancing sustainable positive change.

Given that the experience of disability is multi-faceted and individualized, and further that there are a variety of issues, both systemic and instilled in our culture that exclude individuals with disabilities from competitive and integrated work in the community, we recognize that an interagency and cooperative approach is necessary to make progress.

Given that the pathways to many careers begin in early childhood, we further recognize the importance of engaging families, and professionals in education and medicine as early as possible.

Given that people with disabilities also face challenges related to retention and advancement in the workplace, we recognize the value of educating employers and healthcare systems in the value of keeping, developing, and promoting people with disabilities in employment.

In the spirit of cooperation, we collectively commit to collaborate on identifying barriers and solutions that will further support development of a Kentucky workforce that is inclusive of ALL persons.

Over 70 organizations subsequently ‘signed on’ to the Proclamation, and were added to the Employment First website at: <https://www.employmentfirstky.org/supporters/>.

The committee also updated the Kentucky Agreement of Employment Initiatives resource that provides a list and description of formal employment partnerships that include a disability focus (available at: <https://hdi.uky.edu/matrix>). The committee discussed ways to further market and share this resource.

The committee continued partnership with the Community Education and Outreach Committee on amplifying efforts to remove barriers to employment. Presentations and discussions of the committee were wide ranging and lifespan oriented. Meeting agendas included updates on the legislative sessions, a transportation initiative, state guardianship, Employment First, Kentucky Chamber of Commerce offerings, marketing of a children’s book on employment in Kentucky (available at: <https://hdi.uky.edu/ecbook>), and the Visionary Opportunities to Increase Competitive Employment (VOICE) grant project.

The committee submitted four (4) recommendations for commission review and acceptance. The committee recommendations and the cabinet’s responses to those recommendations are outlined in the section “FY 2021 Status Updates and Recommendations” of this report, beginning on page 7.

### **COMMUNITY EDUCATION / OUTREACH COMMITTEE (CEOC)**

The CEOC was tasked with the responsibility for topical areas of resources and self-advocacy. The committee established the following goals and short-term objectives:

**GOAL: Identify currently available resources, barriers to accessing resources, and gaps in resources.**

**GOAL: Develop one (1) self-advocacy group across each of the fifteen (15) area development districts.**

**GOAL:** Explore community inclusion efforts across the lifespan to identify promising practices.

**Objective 1:** Define community inclusion.

**Objective 2:** Identify community inclusion best practices.

### **Committee Chair/Co-Chair Report**

The CEOC had four (4) meetings during FY 2021. Meetings included presentations from KY-SPIN and Department for Medicaid Services' Division of Community Alternatives.

The committee has continued to work on the gap identified last year in the funding of First Steps services for children with summer birthdays. Children within the First Steps program who have birthdays from April through August could lose services because schools are not open and it is difficult to transition from First Steps to the school system. During the COVID pandemic, this funding was temporarily extended into June; however, the members of this committee are seeking a more permanent solution. One of the committee's co-chairs met with the Governor's Office of Early Childhood Care in March but additional communications since have not been responded to.

As for the gap found in employment transition, where families and individuals are concerned if they get a job they may lose some of their Supplemental Security Income (SSI) and Medicaid services, the committee has continued to work closely with the Employment Committee. Based on this coordination the Commonwealth Council on Developmental Disabilities (CCDD) added funding to their 5 year plan for Employment Ambassadors who will assist families and individuals with finding work and creating STABLE accounts.

The committee has attempted to continue work with the ARC of Kentucky in expanding the Self-Empowerment Network across the 15 area development districts. However, due to the pandemic creating new groups as well as promoting existing ones has been slowed.

The committee submitted one (1) recommendation for commission review and acceptance. The committee recommendation and the cabinet's response to the recommendation is outlined in the section "FY 2021 Status Updates and Recommendations" of this report, beginning on page 7.

### **HEALTH/WELLNESS COMMITTEE**

The Health/Wellness Committee was given the following topics identified during the commission's planning session: psychotropic medication usage, inclusion of individuals with complex medical needs, increased capacity of specialty clinics, and crisis intervention. In FY 2019 the committee developed the following goal and objectives:

**GOAL:** Maximize good health and reduce health disparities for people with intellectual and other developmental disabilities (I/DD).

**Objective 1:** Continue collaboration with the Division of Developmental and Intellectual Disabilities to access and evaluate all available data sources that lead to recommendations for the reduction of polypharmacy, and the development and implementation of appropriate training for provider agencies and health care providers.

**Objective 2:** Assess available data to identify the current parameters and barriers of crisis intervention services and propose policy level changes to increase availability of outcome driven services and decrease barriers and disparities.

**Objective 3:** Research and recommend a definition of “medically complex” that is inclusive of people dually diagnosed with I/DD and mental/behavioral health conditions and propose outcome-driven policy amendments that decrease barriers to all available services.

**Objective 4:** Reduce existing health disparities for people with I/DD utilizing data from a variety of sources to promote an increase in the number of people following physical activity guidelines, increase the collaboration among community organizations and service providers that leverage existing local health and wellness programs, and improve the overall health and well-being of people with I/DD and their direct support staff.

### **Committee Chair/Co-Chair Report**

The Health/Wellness Committee held four (4) meetings during FY 2021. The committee’s overarching goal was to examine psychotropic medication and usage, inclusion of individuals with medically complex needs, increased capacity of specialty clinics, and an assessment of crisis intervention services. The objectives formulated by the committee were addressed through an evaluation of available data sources and research into medical terminology along with collaboration with community stakeholders and members of the committee. Much of the committee’s focus centered on Objective 4, “reducing existing health care disparities in people with I/DD.” This was accomplished through the provision of information by service providers in the community who presented on a variety of topics while addressing service gaps.

The committee did not submit recommendations to the commission for review and acceptance during the fiscal year 2021. However, the committee did receive and reviewed status updates for specific recommendations submitted to CHFS in the previous reporting period. The cabinet’s response and status update to those recommendations are outlined in the section “FY 2021 Status Updates and Recommendations” of this report, beginning on page 7.

## **FY 2021 RECOMMENDATIONS AND STATUS UPDATES**

The commission received recommendations during FY 2020 which required status updates from CHFS to be carried over into FY 2021. In addition, the commission received committee recommendations during FY 2021. Following are recommendations submitted by the commission to CHFS for consideration and response during FY 2021. Included are status updates from CHFS for prior year recommendations as well as responses and subsequent status updates as of June 30, 2021.

## **Employment Committee**

**Recommendation 1:** Explore avenues to increase opportunities for Supported Employment Professionals to be trained on Social Security Disability benefits. Enhance and identify multiple channels for community education on benefits and financial literacy concerning gainful employment (STABLE Accounts, Financial Empowerment, etc.).

**Response:** The Division of Developmental and Intellectual Disabilities (DDID), in collaboration with partners at the Human Development Institute (HDI) and the Office of Vocational Rehabilitation continue to develop and make available fact sheets, infographics, and other tools as one means to increase knowledge and competency of Supported Employment Professionals. These materials are also available to community members and provide avenues for community members to seek additional information.

**Recommendation 2:** Facilitate the development of Employment First initiatives to be embedded in state government personnel/hiring best practice to identify Kentucky as an Employment First state and model employer.

**Response:** DDID continues to collaborate with HDI in pursuing model employer resources that may facilitate such an endeavor within the Kentucky Personnel Cabinet. Presently, we are awaiting an opportunity to receive assistance from the U.S. Department of Labor's Office of Disability Employment.

**Recommendation 3:** Health and the healthcare system can bolster an inclusive workforce in the Commonwealth. Kentucky's status as an Employment First state seeks to ensure that competitive, integrated work be the first and primary option for Kentuckians with disabilities of working age who want to be employed. In order to improve employment outcomes, coordinated efforts across systems that include health and healthcare and at the pre-professional (student) level are required.

The Inclusive Worker Health Leadership Team will consist of medical and public health leaders who will provide input and recommendations around healthcare that promote the ability of Kentuckians to enter and/or stay in the labor force. The group will work in concert with the Office of Vocational Rehabilitation, University of Kentucky and University of Louisville, RETAIN Kentucky model demonstration return to work/stay at work grant, and may provide recommendations to the Employment First Council and the HB144 Employment Committee. The team will be administered by the Human Development Institute at the University of Kentucky.

The Inclusive Worker Health Leadership Team will serve as thought partners to address the barriers, and promote positive change across Kentucky that will recognize employment as the path to economic self-sufficiency, workforce development, improved health outcomes and healthy communities. The leadership team will represent state public health, state medical director, occupational medicine, University of Louisville, University of Kentucky, and University of Pikeville, with an emphasis on populations at risk for health and employment inequities.



The Employment Committee recommends that we work with the HB 144 commission chair and with the Health/Wellness Committee to identify leaders within the cabinet to serve on this team.

**Response:** The commission chair will work with DDID to recommend cabinet leaders to serve on the Inclusive Worker Health Leadership Team.

**Recommendation 4:** The Developmental Disability (DD) Network initiate a collaboration with the Kentucky Department for Aging and Independent Living's Division of Guardianship to identify barriers linked between guardianship and competitive integrated employment. This collaboration will include required training (e.g., competitive employment, overview of impact of employment on Social Security Disability benefits, and resources for ongoing benefits analysis) for State Guardianship Supervisory and Field staff.

**Response:** The Division of Guardianship will work toward making connections with the DD Network and set up opportunities for the Division to learn about employment strategies. The Division relies on the individual we serve in conjunction with the person-centered service plan team to discern if employment is viable and initiate supportive employment to begin the exploration.

#### **Community Education / Outreach Committee**

**Recommendation:** The ongoing COVID-19 pandemic has highlighted the need to reevaluate existing services and cost allowances to meet the needs of people with intellectual and other developmental disabilities in a safe and healthy manner. One identified area of need is affordable access to internet services that promote and ensure a person's ability to receive an array of services and supports while remaining healthy at home. Therefore, we respectfully request the Department for Medicaid Services expand Goods and Services in the Medicaid waiver programs to include the purchase of internet services to access telehealth and other virtual waiver services included in a participant's person-centered service plan as an allowable cost.

**Response:** At this time, internet services would not meet the service definition for goods and services as outlined in the waiver amendment. However, there are other Kentucky initiatives such as the Kentucky Broadband Initiative that are researching how to better provide options for internet access to Kentuckians. While telehealth services will continue to be allowed and offered during the state of emergency, we [Department for Medicaid Services] along with Centers for Medicare and Medicaid Services (CMS) and other partners will continue to evaluate and discuss the role of telehealth post the COVID state of emergency.

#### **Health/Wellness Committee**

The Health/Wellness Committee submitted the following recommendations during the 2020 reporting period. Following are the recommendations, original responses, committee responses/questions, and a final status update by CHFS.

**Recommendation:** Explore efforts being done to analyze healthcare costs and pharmacy utilization.

**Response:** The recommendation is overly broad in scope. The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) respectfully requests further clarification from the committee as to what specific areas of healthcare costs and pharmacy utilization are being requested in relation to the committee's intended outcomes.

**Committee Response/Questions:** The committee would like to know what efforts are being done by CHFS to identify the prescribing of polypharmacy, specifically psychotropic medications, to individuals that result in individuals receiving multiple medications from different medical providers that may result in adverse reactions, medication errors, or ineffective treatment due to medications contradicting each other.

**Status Update:** DBHDID presented to the commission their initial and ongoing efforts related to polypharmacy and specifically to the prescribing of psychotropic medications within the programs monitored by DDID on June 12, 2020.

**Recommendation:** Explore partnerships to provide interdisciplinary training in the reduction of polypharmacy.

**Response:** DBHDID is researching existing training resources and potential collaborations to educate medical students and medical providers related to the potential over-reliance on polypharmacy for people with intellectual and other developmental disabilities.

**Committee Response/Questions:** The committee would like to know the process for making referrals of community members, professionals, or other training resources to DBHDID for consideration of educating medical students and medical providers of the potential over-reliance on polypharmacy, specifically psychotropic medications, for individuals with intellectual or other developmental disabilities.

**Status Update:** A formal process has not been established for receiving referrals from external stakeholders related to this topic. In the interim, the committee and other commission members are encouraged to submit suggested resources to the HB 144 Coordinator.

**Recommendation:** Provide financial incentives to Home and Community Based (HCB) Medicaid waiver providers to offer supports and services to individuals with I/DD with medically complex needs who might require additional staffing to live in the community. Funding would be available through completion of the needs assessment process for both participant directed and traditional services and person-centered levels of funding.

**Response:** Options to support this are being explored through waiver redesign and the additional level of care task force.

**Committee Response/Questions:** The committee seeks further clarification and updates related to the Cabinet's response:

1. The committee requests that the Level of Care (LOC) Task Force resume meeting and open its membership to members of this committee.
2. The committee requests that LOC Taskforce report be provided to the HB 144 Commission.
3. The committee requests that the Department for Medicaid Services' I/DD Technical Advisory Committee submit a copy of their reports and recommendations to the HB 144 Commission.

**Status Update:** The LOC Task Force will be replaced with the Exceptional Support (ES) Task Force that was formed through legislation. All information will come from the new ES Task Force. With regard to the third request, DMS is an attendee of the I/DD Technical Advisory Committee (I/DD TAC). Therefore, it is suggested that the Health/Wellness Committee reach out to the Chairperson of the I/DD TAC to request they make available a copy of their reports and recommendations to the HB 144 Commission. The current chair of the I/DD TAC is Rick Chrisman. He may be contacted at [rick@cte.edu](mailto:rick@cte.edu).

**Recommendation:** Conduct a feasibility study and a cost analysis for a pilot program for individuals with I/DD with medically and behaviorally complex needs as an alternative to institutionalization.

**Response:** Your comment has been captured and will be explored as part of subsequent phases of waiver redesign.

**Committee Response/Questions:** The committee respectfully requests that interested members of the HB 144 Commission be included or made a part of the conversations focused on feasibility studies and cost analysis of the identified population.

**Status Update:** At the current time waiver redesign activities are paused during the state of emergency related to COVID. Once activities resume all stakeholders will receive updates and have access to information, proposed changes and progress. In addition, this is one of the focuses of the new exceptional support task force.

**Recommendation:** Improve quality of healthcare among community health care providers through physician education and training (i.e., collaboration with University of Louisville, University of Kentucky, and other institutions).

**Response:** The Human Development Institute (HDI) at the University of Kentucky has Preservice Health Training (PHT) Modules available online in the areas of Women's Healthcare, Nurse Practitioners, Physician's Assistant, Medical Students, and Dental Healthcare. The PHT Modules are utilized by practitioners across the country. HDI is currently working to expand the existing PHT Modules to include physicians. For additional information visit: <https://www.hdilearning.org/>.

**Committee Response/Questions:** The committee thanks the Cabinet for their response and respectfully recommends that the University of Kentucky's Human Development Institute also consider collaborative efforts with physician education and training initiatives at the University of Louisville and the University of Pikeville, College of Osteopathic Medicine.

**Status Update:** The committee's suggestion was forwarded to the Executive Director of the Human Development Institute at the University of Kentucky. Dr. Kathy Sheppard-Jones provided the following information as evidence of work in this area by HDI and the University of Kentucky.

*As Kentucky's University Center on Excellence in Developmental Disabilities, the Human Development Institute (HDI) recognizes the importance and impact of training and knowledge of developmental disabilities for medical students across the Commonwealth. The following illustrate examples of activities with potential for statewide involvement:*

- 1. The HB 144 Employment Committee is recommending support of a statewide Inclusive Worker Health Leadership to be led by HDI. This advisory group will provide input and recommendations around healthcare that promote the ability of Kentuckians to enter and/or stay in the labor force. The group will work in concert with the RETAIN Kentucky demonstration grant, Office of Vocational Rehabilitation and University of Kentucky, and may provide recommendations to the Kentucky Employment First Council and the commission. It is anticipated that the leadership team will represent state public health, state medical director, occupational medicine, University of Louisville, University of Kentucky, and University of Pikeville, with an emphasis on populations at risk for health and employment inequities.*
- 2. HDI has launched a medical resident developmental disabilities rotation at UK in conjunction with UK Developmental Pediatrics. The rotation includes family mentors, early childhood experiences, and other interactions that provide quality experiential education opportunities. This model is showing good preliminary results. HDI will reach out the University of Pikeville and University of Louisville regarding this opportunity.*
- 3. HDI has developed a University Lecture series with nearly 40 one-hour lectures that are available for faculty across the state to incorporate into their syllabi.*
- 4. HDI offers family mentorship experiences that can be made available to both University of Pikeville and University of Louisville.*
- 5. HDI will be submitting a Leadership Education in Neurodevelopmental Disabilities grant application in the next funding cycle. This is critical to increase interdisciplinary capacity of quality healthcare for individuals with neurodevelopmental disabilities throughout the Commonwealth. Trainees will be sought from U of L and UK. Involving University of Pikeville trainees would further strengthen this proposal.*

*As these examples illustrate, there is great opportunity for collaboration, and to strengthen existing collaborations. If the Health/Wellness Committee would like further discussion around any of these items, please consider HDI a motivated partner!*

## **STATISTICAL INFORMATION**

Following is the status of programs providing supports to individuals with I/DD through FY 2021.

### **Community Mental Health Center (CMHC) Service Provision 2021**

- Based upon data reported by the CMHCs, 9480 people with I/DD were supported by the 14 CMHCs in FY 2021.
- CMHC adult I/DD crisis services were utilized by 823 individuals during the calendar year 2021.

### **ICF Average Census FY 2011 through FY 2021**

The number of people who reside in state intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) has decreased significantly following a 2006 settlement agreement between the Department of Justice and the Commonwealth of Kentucky in regards to the operation of the Oakwood ICF/IID. Pursuant to this settlement, a statewide transition process was implemented at all ICFs/IID to successfully transition individuals into the community.

<b>Facility</b>	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>
Oakwood	133	120	121	119	114	111	106	105	112	108	105
Hazelwood*	158	146	135	123	116	105	104	96	65	86	76
Bingham Gardens	28	24	23	21	21	24	24	21	24	23	20
Outwood	50	46	42	40	38	36	35	34	31	31	32
Total	369	336	321	303	289	276	269	256	232	248	233

\*Hazelwood Center census includes the three 8-bed ICF community homes.

As part of the settlement agreement with the US Department of Justice, each of the state-owned ICFs/IID continues transformation into a Center of Excellence. There are three medical specialty clinics in Kentucky. One is located on the campus of Oakwood, one on the campus of Hazelwood, and one on the campus of Bingham Gardens. These centers support the individuals residing at the facility where they are based, and serve as a resource to individuals, families, and community providers by offering specialized supports and services that otherwise are not accessible in the community.

## **Waiver Slots Funded FY 2016 through FY 2022**

### **New Slots Funded**

<b>Waiver</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>
Supports for Community Living (SCL)	240	0	0	0	0	0	0
Michelle P (MP)	250	0	0	0	0	0	0
Acquired Brain Injury (ABI)	93	0	0	0	0	0	0
Acquired Brain Injury Long Term Care (ABI-LTC)	60	60	0	0	118	0	0
Home and Community Based (HCB)	0	0	0	0	0	0	0

### **Total Waiver Slots**

<b>Waiver</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>
Supports for Community Living (SCL)	4,701*	4,941	4,941	4,941	4,941	4,941	4,941
Michelle P (MP)	10,500	10,500	10,500	10,500	10,500	10,500	10,500
Acquired Brain Injury (ABI)	383	383	383	383	383	383	383
Acquired Brain Injury Long Term Care (ABI-LTC)	320	320	320	320	438	438	438
Home and Community Based (HCB)	17,050	17,050	17,050	17,050	17,050	17,050	17,050

\*240 slots were appropriated by the legislature for FY16; however, CMS approval of the SCL waiver renewal did not occur until March 2018, therefore they were not available until then.

## **CLOSING THOUGHTS**

It has been a privilege for the Kentucky Commission on Services and Supports for Individuals with Intellectual and Other Developmental Disabilities (I/DD) to serve in an advisory capacity to the Governor and the General Assembly regarding the needs of persons with I/DD. Commission members extend their gratitude to Governor Beshear for his continued support of the Employment First Initiative. We also extend our appreciation to the members of the General Assembly for their continued support of quality services across the lifespan for individuals with I/DD. Along with the Department for Behavioral Health, Developmental and Intellectual Disabilities, the commission looks forward to meeting its goals to improve the quality of supports for the citizens of Kentucky.

The Cabinet for Health and Family Services and the Department for Behavioral Health, Developmental and Intellectual Disabilities extends its appreciation to the members of the commission for their advocacy on behalf of Kentucky's citizens with I/DD. Their continued advocacy has positively produced change in such efforts as competitive and integrated employment, community inclusion, and improving the health and wellness of people with disabilities across the lifespan.

## APPENDIX A - KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES

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